

<b>Case Number:</b>	CM13-0054824		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old female who reported injury on 08/21/2013. The medical records were reviewed. The mechanism of injury was the injured worker was lifting a box of sweaters and developed low back pain with radiation into her right leg. Other therapies included physical therapy and acupuncture with electrotherapy. The injured worker was treated with Norco. The surgical history was stated to be a history of no significant medical or surgical history. The documentation dated 05/23/2014 revealed the injured worker had weight gain, stress and depression. There was no change in the past family or social history since 04/17/2014, and the injured worker had pain going to the right shoulder. The injured worker had utilized physical therapy and acupuncture. The injured worker's gait was antalgic. The injured worker had tenderness in the thoracic, lumbar, and lumbosacral regions. The injured worker had decreased sensation bilaterally at L3, L4, L5, and S1. The injured worker had a positive straight leg raise bilaterally. The injured worker's diagnoses included low back pain with bilateral lower extremity radiculopathy and a positive EMG. The injured worker underwent a urine drug screen on 01/31/2014. The injured worker was noted to be in more pain due to her medications being denied. The treatment plan included a continuation of physical therapy and acupuncture. There was a detailed Request for Authorization submitted for review dated 10/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 treatments of Chiropractic for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

**Decision rationale:** The California Medical Treatment & Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. There was a lack of documentation indicating a necessity for 12 sessions, as an initial trial of chiropractic care includes 4 to 6 visits with documentation of objective improvement. Additionally, there was a lack of documentation indicating the injured worker had objective findings that would respond to chiropractic manipulation. Given the above, the request for 12 sessions of chiropractic for the lumbar spine is not medically necessary.